

Relationships Between Clinician-Level Attributes and Fidelity-Consistent and Fidelity-Inconsistent Modifications to an Evidence-Based Psychotherapy

Take Away Point

- Mental health clinicians often make modifications to Evidence-Based Practices (EBPs) aiming to adapt interventions so they are more relevant to the patient and care context. Clinicians who are generally open to implementing EBPs in routine care settings are more likely to make fidelity-consistent modifications during care delivery, while keeping the intervention as close to the intended protocol as possible.

The Issue

Extant and emerging research emphasizes the need to implement evidence-based psychotherapies (EBPs) and psychosocial interventions in the public sector mental health settings. Research also shows that clinicians often modify/adapt EBPs before (or during) implementation in routine care settings.

However, little research exists on the long-term use of EBPs after implementation, extent to which clinicians' modifications are fidelity-consistent, and the factors, especially clinician characteristics, associated with fidelity-consistent modifications. The current study examined individual clinician-level factors associated with subsequently reported EBP modifications among clinicians trained to deliver cognitive behavioral therapy (CBT) to child or adult populations.

Source

Stirman SW, Gutner CA, Crits-Christoph P, Edmunds J, Evans AC, & Beidas RS. (2015). Relationships between clinician-level attributes and fidelity-consistent and fidelity-inconsistent modifications to an evidence-based psychotherapy. *Implementation Science*, 10:115.

Study Methods and Design

The researchers hypothesized that training success (defined as meeting criteria for successful completion of an EBP training program), openness to using EBPs, and willingness to adopt if the intervention had appeal, would be associated with more subsequent fidelity-consistent modifications. Conversely, the researchers also hypothesized that training success, openness to using EBPs, and willingness to adopt would be associated with subsequent fewer fidelity-inconsistent modifications.

Participants were mental health clinicians (N=77) in the Philadelphia area who were trained to provide CBT to adults (n=27) or children (n=50). This study used data collected from the participants prior to training and two years after training. The *Evidence-Based Practice Attitude Scale* was administered prior to training to document participants' attitudes towards EBPs—the scale consisted of four subscales: the Appeal scale that measures the extent to which the provider would adopt a new practice they judged appealing; the Openness scale that measures the extent to which the provider is generally open to trying new interventions; the Divergence scale that measures the extent to which the provider perceives EBP as being different from their own practice or not clinically useful; and the Requirements scale that measures the inclination to follow the adoption requirements of a new EBP. Successful Training was measured by assessing work samples using research validated fidelity rating systems—with pre-set benchmark for successful training. The Adherence and Skill Checklist was used to assess fidelity for the

sample trained to deliver CBT for children while the Cognitive Therapy Rating Scale (CTRS) was used to assess fidelity for the sample trained to deliver CBT to adults. Follow-up interviews were conducted two years after the training and consultation to solicit information regarding participants' use of and modifications to CBT. Descriptive statistics and Chi-square analysis were employed to examine differences between clinicians who were trained in CBT for children versus adults, and regression analyses to examine the factors related to fidelity-consistent and fidelity-inconsistent modifications.

“Evidence and practical implementation experience is mounting to suggest that clinicians modify EBPs in community mental health settings but that these modifications do not appear to be consistent with published definitions of adaptation, as they are not made in conjunction with a process of using research or practice level data to determine their necessity or to examine their impact.”

Key Findings and Limitations

Participant characteristics: Results showed no statistically significant differences in minority status and educational achievement between clinicians who were trained in CBT for children versus adults. However, clinicians in the “adult” group were more likely to be male and less likely to endorse a primarily CBT orientation prior to training.

Relationships among variables: Seventy-one percent of the clinicians in the CBT for adult training demonstrated training success versus 60% of those trained for CBT for children. Baseline attitudes toward EBPs were not significantly correlated with subsequent training success: Appeal, Openness, Divergence, and Requirements. Also, adult providers endorsed greater divergence between EBPs and their routine practice.

Factors related to fidelity-consistent and fidelity-inconsistent modifications: Regression analyses showed that clinicians who were trained in CBT for adults were more likely to make fidelity-consistent modifications. Baseline measures of openness to EBPs also increased the likelihood that clinicians would make fidelity-consistent modifications. In unexpected findings, EBP appeal and training success emerged as correlates of fidelity-inconsistent modifications, that is, clinicians who were trained to criterion and those with higher Appeal scores (i.e., willingness to adopt an appealing intervention) were more likely to make fidelity-inconsistent modifications.

Limitations: The study is limited by its small sample size and use of self-report data. Also, the researchers did not examine interactions among the variables and the analyses did not include organizational variables that could impact clinician practices.

Final Thoughts

- Clinicians' attitudes and characteristics influence their adherence (or non-adherence) to protocol during intervention implementation. In the current study, training to criterion, openness to EBPs and willingness to implement appealing EBPs emerged as factors related to modifications. However, further empirical studies are needed to shed light on the impacts of clinician attitudes on implementation fidelity, and the impacts of modifications on clinical outcomes in different contexts.
- Training is needed to enhance fidelity to protocol during EBP implementation. Training will guide the process of adaptation and enhance clinicians' ability to identify modifications that are fidelity-consistent and those that are fidelity-inconsistent.
- Further research is needed to make empirical and conceptual differentiations between fidelity-consistent and fidelity-inconsistent modifications, and how best to measure these concepts.